

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re:

MARVIN D MAXEY

Debtor(s)

Case No. 18-10882

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**CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT**

Tom Vaughn, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 04/13/2018.
- 2) The plan was confirmed on NA.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was dismissed on 09/24/2018.
- 6) Number of months from filing to last payment: 4.
- 7) Number of months case was pending: 7.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: NA.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

**Receipts:**

Total paid by or on behalf of the debtor	\$206.00
Less amount refunded to debtor	\$0.00

**NET RECEIPTS: \$206.00**

**Expenses of Administration:**

Attorney's Fees Paid Through the Plan	\$200.64
Court Costs	\$0.00
Trustee Expenses & Compensation	\$5.36
Other	\$0.00

**TOTAL EXPENSES OF ADMINISTRATION: \$206.00**

Attorney fees paid and disclosed by debtor: \$0.00

**Scheduled Creditors:**

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
ADVOCATE HEALTH SERVICES	Unsecured	565.00	NA	NA	0.00	0.00
ADVOCATE HEALTH SERVICES	Unsecured	0.00	NA	NA	0.00	0.00
ADVOCATE HEALTH SERVICES	Unsecured	0.00	NA	NA	0.00	0.00
ADVOCATE HEALTH SERVICES	Unsecured	0.00	NA	NA	0.00	0.00
AMCA COLLECTION AGENCY	Unsecured	115.85	NA	NA	0.00	0.00
ARROW FINANCIAL SERVICES LLC	Unsecured	880.14	NA	NA	0.00	0.00
CAPITAL MANAGEMENT SERVICES	Unsecured	8,207.11	NA	NA	0.00	0.00
CENTRAL DUPAGE HOSPITAL	Unsecured	834.00	NA	NA	0.00	0.00
CENTRAL DUPAGE HOSPITAL	Unsecured	2,280.75	NA	NA	0.00	0.00
CERTIFIED SERVICES INC	Unsecured	5,170.00	NA	NA	0.00	0.00
CHICAGO ANESTHESIA ASSOC SC	Unsecured	NA	5,170.00	5,170.00	0.00	0.00
Choice Recovery, Inc	Unsecured	232.00	NA	NA	0.00	0.00
CITY OF CHICAGO DEPT OF REVENUE	Unsecured	4,470.00	5,882.57	5,882.57	0.00	0.00
DEBT RECOVERY SOLUTION	Unsecured	0.00	NA	NA	0.00	0.00
Healthcare Recovery So	Unsecured	0.00	NA	NA	0.00	0.00
IL DEPT OF REVENUE	Priority	557.36	NA	NA	0.00	0.00
IL DEPT OF REVENUE	Secured	NA	591.92	591.92	0.00	0.00
IL STATE DISBURSEMENT UNIT	Unsecured	13,642.81	NA	NA	0.00	0.00
JH STROGER HOSP OF COOK COUNT	Unsecured	203.00	NA	NA	0.00	0.00
JH STROGER HOSP OF COOK COUNT	Unsecured	734.00	NA	NA	0.00	0.00
MONTROSE CLINIC	Unsecured	232.00	NA	NA	0.00	0.00
OAC	Unsecured	78.00	NA	NA	0.00	0.00
OAC	Unsecured	43.00	NA	NA	0.00	0.00
OAC	Unsecured	42.00	NA	NA	0.00	0.00
OAC	Unsecured	0.00	NA	NA	0.00	0.00
PERSONAL CONFIDENTIAL	Unsecured	232.00	NA	NA	0.00	0.00
Quest Diagnostics	Unsecured	86.40	NA	NA	0.00	0.00
Quest Diagnostics	Unsecured	115.00	NA	NA	0.00	0.00
Quest Diagnostics	Unsecured	115.85	NA	NA	0.00	0.00
SPECIALTY HEALTH CARE	Unsecured	4,250.00	NA	NA	0.00	0.00
SPECIALTY HEALTH CARE	Unsecured	300.00	NA	NA	0.00	0.00

**Scheduled Creditors:**

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
ST IL TOLLWAY AUTHORITY	Unsecured	2,000.00	2,357.80	2,357.80	0.00	0.00
WELLS FARGO	Unsecured	0.00	NA	NA	0.00	0.00

**Summary of Disbursements to Creditors:**

	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
<b>Secured Payments:</b>			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$0.00	\$0.00	\$0.00
All Other Secured	\$591.92	\$0.00	\$0.00
<b>TOTAL SECURED:</b>	<b>\$591.92</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Priority Unsecured Payments:</b>			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
<b>TOTAL PRIORITY:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>GENERAL UNSECURED PAYMENTS:</b>	<b>\$13,410.37</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Disbursements:**

Expenses of Administration	<u>\$206.00</u>	
Disbursements to Creditors	<u>\$0.00</u>	
<b>TOTAL DISBURSEMENTS :</b>		<b><u>\$206.00</u></b>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 11/05/2018

By: /s/ Tom Vaughn

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Trustee

**STATEMENT:** This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.